

PERCEPTIONS ABOUT MENTAL ILLNESS IN A SAMPLE OF PORTUGUESE POLYTECHNIC STUDENTS

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1. Introduction

Several classic studies in social psychiatric have demonstrated the important role that social-cultural believes play in the recovery process and effective social integration of people with different psychiatric experiences. Social conceptions on mental illness seem to differ by pathology. Boysen and Vogel (2008) and Vogel and colleagues (2009) found that different mental illnesses induce different attitudes. Norman and colleagues (2008) showed that schizophrenia, for example, provoke greater social distance than depression.

Key words: Social perceptions, Mental illness, Stigma, Comparative study, Students.

2. Aims

To compare the perceptions on mental illness (in general), depression, bipolar disorder and schizophrenia.

3. Methods

- **Participants:** non-probabilistic sample of **315 portuguese polytechnic students**, from Leiria Polytechnic Institute: 31 % female and 69% male; aged between 18-59 years (M = 26.5, SD = 8.04); 75% single, 24% married, 1% divorced.
- **Instruments:** Individual characterization Questionnaire; Mental Illness Stigma Scale – Portuguese Version (M.I.S.S., Day et al, 2007; Faria et al., 2010)
- **Procedure:** Data was collected in 2010 using a anonymous and confidential on-line questionnaire, after formal authorization. 800 questionnaires were sent, having 600 been returned but only 315 completely fulfilled (25% devolution rate).
- **Data analysis:** SPSS-17 was used to do a descriptive, *t Student* and One way analysis.

4. Results

Students have little contact with people with mental illness (mean=1.5 in a Likert scale 1-5 points) but they feel comfortable when they contact a friend or a neighbor with mental illness (respectively, M=3.2 and M=2.7). They contact more frequently with persons with depression (M=2.5) rather than bipolar disorder (M=1.5) or schizophrenia (M=1.5). They perspective depression as the most treatable illness and with more recovery, despite the lack of hygiene (Table 1). When we compare mental illness in abstract /global with specific illness (Tables 2, 3 and 4), it is possible to identify depression as being perceived more positively and bipolar disorder and schizophrenia more negatively.

Table 1. Means comparison between mental illness

Dimensions \ Illness	Bipolar	Depression	Schizophrenia	F
Treatability	4,65	5,13	4,58	7,958 ***
Relationship disruption	3,46	3,32	3,57	1,219
Lack of hygiene	2,74	3,19	3,01	3,761 *
Anxiety on contact	3,02	2,92	3,21	1,623
Visibility	3,16	3,68	3,32	6,391 **
Recovery	4,31	5,45	4,41	19,661 ***
Professional efficacy	4,38	4,84	4,32	3,696 *

Table 3. Means comparison between mental illness and depression

Dimensions \ Illness	Depression	Mental Illness	t
Treatability	5,13	4,69	-3,606 ***
Relationship disruption	3,32	3,33	0,086
Lack of hygiene	3,19	3,10	-0,819
Anxiety on contact	2,92	3,13	2,430 *
Visibility	3,68	3,82	1,216
Recovery	5,45	4,68	-4,920 ***
Professional efficacy	4,84	4,57	-1,938

Table 2. Means comparison between mental illness and bipolar disorder

Dimensions \ Illness	Bipolar	Mental Illness	t
Treatability	4,65	4,71	0,441
Relationship disruption	3,46	3,30	-1,554
Lack of hygiene	2,74	2,88	1,426
Anxiety on contact	3,02	2,99	-0,306
Visibility	3,16	3,49	3,232 **
Recovery	4,31	4,76	2,818 **
Professional efficacy	4,38	4,65	2,009 **

Table 4. Means comparison between mental illness and schizophrenia

Dimensions \ Illness	Schizophrenia	Mental Illness	t
Treatability	4,58	4,63	0,521
Relationship disruption	3,57	3,46	-1,232
Lack of hygiene	3,01	3,22	2,109 *
Anxiety on contact	3,21	3,22	0,150
Visibility	3,32	3,67	3,481 ***
Recovery	4,41	4,52	0,874
Professional efficacy	4,32	4,34	0,170

*p < 0,050 **p < 0,010 *** p < 0,001

5. Conclusions

Mental illness continues to be perceived negatively, with strong differences between depression and other mental diseases. Students seem to perceive depression more positively than schizophrenia and bipolar disorder, as well as mental illness in general. This situation alerts about the need to invest in psychoeducative programs to reduce social stigma and stereotypes about people with mental illness in general and specifically to each disease.

6. Bibliography

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